PART B - FEE(S) TRANSMITTAL

	FEB 2 0 2007	her with applicable	or <u>Fax</u> (Mail Stop ISSUE Commissioner for C.O. Box 1450 Llexandria, Virgi 571)-273-2885	inia 22313		
INSTRUCTIONS: This is should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence address as indicated unless corrected below of the refer of the remainder							
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DEPT. ISV	Applicant(s	ed of Patent Office Cos)' Response Due Date	ommunication I S	hereby certify that the tates Postal Service wildressed to the Mail ansmitted to the USP	tificate of M is Fee(s) Tra rith sufficien Stop ISSUI (571) 273	lailing or Transinsmittal is being t postage for first E FEE address and E2885, on the date	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.
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	ATTORNE	F DATES:		_	·	(Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/674,149 09/29/2003			Ajay K. Gupta				
TITLE OF INVENTION: I	HIGH AVAILABILIT	Y DATA REPLICATION	V OF SMART LARGE (7 HAARZI2	60000032 090	9469 19674149
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE	FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	02/28/2007
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS				
VAUTROT, DENNIS L 2167 718-100000							
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines							
Corporation Armonk, NY Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) are Ill Issue Fee Ill Publication Fee (No s Advance Order - # o	small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0460 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademost Office.							
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Authorized Signature and Or Jucos Date Dec by 2006							
Typed or printed name	James A.		Registration No. 21,081				
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